

Gary D. Crenshaw
Mayor

CITY OF LEBANON
P.O. BOX 840
118 S. PROCTOR KNOTT AVENUE
LEBANON, KY 40033

Lori Hamilton
Tax Administrator

Phone (270) 692-6272

Fax (270) 692-4638

BUSINESS LICENSE APPLICATION

New Business

Renewal

Update/Change of Information

Type of License:

Standard \$25.00/Yr

Collection Agencies \$100.00/Yr

AI Fresco \$10.00/Yr

Day Merchants \$35.00/Day or \$100.00/Yr

Auctioneers \$10.00/Day or \$100.00/Yr

Itinerants \$10.00 per employee, per job

Auction House/Lot \$10.00/Day or \$100.00/Yr

Pawnbrokers \$100.00/Yr

Billiards \$100.00/ Yr

Sales Agents/Reps \$10.00/Day or \$100.00/Yr

APPLICANT NAME: _____

BUSINESS NAME: _____

DBA (or) AKA: _____

OWNER(S): _____

FEDERAL EMPLOYER ID (TAX ID): _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

BUSINESS ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

MAILING ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

E-MAIL ADDRESS: _____

CONTACT NAME: _____

PHONE NUMBER: _____

NATURE OF BUSINESS: _____

Date Business Started in Lebanon: _____

Form of Business:

Individual Owner

Corporation

Other _____

Fiduciary

Partnership

Was business acquired from a previous licensee?

Yes No

Do you have employees working within city limits?

Yes No

Number of Employees: _____

Basis of Accounting: Cash Accrual

Accounting Period: Calendar Year Fiscal Year _____ To _____

I hereby certify that the information provided herein is true and accurate to the best of my knowledge. I understand that obtaining a business license does not guarantee my right to do business at the location indicated. I hereby affirm that I will comply with the City of Lebanon Business Rules & Regulations.

Signature _____

Date _____

*Please Remit To: City of Lebanon
P.O. Box 840, Lebanon, KY 40033